

INCOME WITHHOLDING ORDER REQUEST

Instructions: Complete this request form for a single debtor only. If plan payments are to be split between two debtors, please submit two separate requests. You can navigate this form quickly using the TAB key. If this form is completed by the **debtor**, email the completed form to 13trustee@ch13mdal.org. If this form is completed by the **attorney**, upload the completed form through BK Docs at www.bkdocs.us. (Attorney's /s/ and typed name and date is acceptable.) If the case is pending closure, the document must be emailed to 13trustee@ch13mdal.org.

Do Not File This Request with The Court and Do Not Mail Copy to Trustee

UPLOAD FORM TO **BK** DOCS at:
WWW.BKDOCS.US

Debtor Information	Case Number:		
Debtor Name:			
Debtor Type:		Primary	Joint
Employment Information			
Employer Name:			
Address Line :			
City:	State:	Zip Code:	
Debtor's plan payment amount and frequency of payment:			
Payment Amount:	\$		
Pay Frequency:	Weekly	Bi-weekly	Semi-monthly Monthly
I hereby request that the Chapter 13 Trustee for the Middle District of Alabama, to cause an Income Withholding Order to be issued to the employer for the above referenced Chapter 13 debtor.			
Atty for Debtor(s):			Date: